

GUAM POLICE DEPARTMENT 233 Central Avenue

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GUAM POLICE DEPARTMENT VOLUNTEER APPLICATION

Last, Address:	First,	Middle	Name
(mailbox)			_
Number Street Ap	ot. # City	State	Zip
Home Phone:	E-mail Address	s:	
Social Security Number:	-	DOB:/_	/
Place of Employment:		Bus Ph: ()
Please list other names, it	f any, used on employi	ment or education re	cords:
Emergency Contact Perso	on:	Phone: ())
Please list special skills, i	interests, and/or hobbid	es you have:	
List your current or previ	ous experience with or	rganizations, civic g	roups and clubs:
List all previous voluntee	er experiences:		

Please list three references (only one maybe related to you)

Name	Address	Phone Number
1.		HM: () -
		C/Pgr: ()
		WK: ()
(relationship)		
2		HM: ()
		C/Pgr: ()
(malationahin)		WK: ()
(relationship) 3		HM: () -
J		C/Pgr: ()
		WK: () -
(relationship)		
Where? When? 1. As an applicant for a volu		
me, including information or organization, company, inst	of a confidential or privileged itution or person furnishing	I nature. I hereby release any the information requested. I
authorize the use of duplica	ted copies of this document t	to serve as the original.
2. For the purpose of in-hou background investigation pr	ise security, I consent to a crain to the crain of the cr	iminal history check and
false information may result will abide by the Guam Police Guam Police Department re	t in denial and/or dismissal. It ice Department's Policies, Preserves the right to refuse ser	nt documents, are correct and that If offered a volunteer position, I ractices and Procedures. The vices based on objective criteria rientation, and familial status.
Signature of Applicant	_ ()	
Signature of Applicant	Date	
(FOR OFFICE USE ONLY		
Records Checked:	Date:	
References Checked:	Date:	
Interview:	Date:	